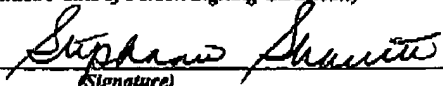

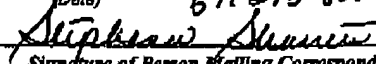
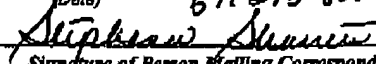
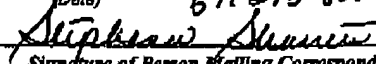


DEC 14 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Tom Steiger			Docket No. 2003-0129-01
Application No. 10/815,386	Filing Date 3/31/04	Examiner D. Nguyen	Group Art Unit 2828
Invention: VERY HIGH REPETITION RATE NARROW BAND GAS DISCHARGE LASER SYSTEM Fax Cvr - 1 pg; Trans. Letter - 1 pg; Supplemental Declaration - 3 pgs; & Supplemental Patent Data Sheet - 1 pg			
<p>I hereby certify that this <u>Fax Cover Sheet; Trans Ltr; Supplemental Declaration & Supp. Patent Data Sheet</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571 273 8300</u>)</p> <p>on <u>December 14, 2005</u> (Date)</p> <p style="text-align: right;"><u>Stephanie Sharrett</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"><u></u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

DEC 14 2005

TRANSMITTAL LETTER (General - Patent Pending)				Docket No. 2003-0129-01									
In Re Application Of: Tom Steiger													
Application No. 10/815,386	Filing Date 3/31/04	Examiner D. Nguyen	Customer No. 21773	Group Art Unit 2828	Confirmation No. 7573								
Title: VERY HIGH REPETITION RATE NARROW BAND GAS DISCHARGE LASER SYSTEM													
<u>COMMISSIONER FOR PATENTS:</u>													
Transmitted herewith is:													
Facsimile Cover (1 page); Supplemental Executed Declaration (3 pages); Supplemental Patent Data Sheet (1 page)													
in the above identified application.													
<input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 03-4060 as described below. <input type="checkbox"/> Charge the amount of _____ <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
 _____ <i>Signature</i>			Dated: December 14, 2005										
Matthew K. Hillman, Reg. No. 45,892 Cymer, Inc. Legal Dept. MS/4-2C 17075 Thornmint Court San Diego, California 92127 Telephone: 858.385.5298 Facsimile: 858.385.6025			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>12/13/05</u> <u>12/14/05</u> via facsimile</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td style="text-align: center;">571 273 8300</td> </tr> <tr> <td colspan="2" style="text-align: center;">  _____ <i>Signature of Person Mailing Correspondence</i> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Stephanie Sharrett _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </td> </tr> </table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>12/13/05</u> <u>12/14/05</u> via facsimile		(Date)	571 273 8300	 _____ <i>Signature of Person Mailing Correspondence</i>		Stephanie Sharrett _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>	
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cc:													